
	<h2 style="margin: 0;">APPLICATION FOR IFQ/CDQ HIRED MASTER PERMIT</h2>	U.S. Dept. of Commerce/NOAA National Marine Fisheries Service (NMFS) Restricted Access Management (RAM) P.O. Box 21668 Juneau, AK 99802-1668 (800) 304-4846 toll free, (907) 586-7202 in Juneau (907) 586-7354 fax	
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**TO DEMONSTRATE PERCENT OF VESSEL OWNERSHIP BY IFQ PERMIT HOLDER --  
DOCUMENTATION OF OWNERSHIP MUST BE INCLUDED WITH THIS APPLICATION\***

- ◆ Proof of vessel ownership by the Individual Fishing Quota (IFQ) permit holder:
  - For United States Coast Guard (USCG) documented vessels, a complete copy of the USCG Abstract of Title
  - For an undocumented vessel, a copy of the State of Alaska vessel license or registration
  
- ◆ If the IFQ permit holder is not the person named on the USCG Abstract of Title or State of Alaska vessel license or registration, documentation establishing indirect ownership such as corporate annual reports, meeting minutes, stock certificates, etc.

\*The only exceptions are for Category A IFQ permit holders and Western Alaska Community Development Quota (CDQ) permit holders

**BLOCK A -- PURPOSE OF APPLICATION**

Add Permit Holder [ ]      Delete Permit Holder [ ]

Do you wish the hired master permit(s) to be mailed directly to the hired master(s)?      YES [ ]      NO [ ]

Indicate permit(s) to which this action applies:

Sablefish Permit Number(s) \_\_\_\_\_

Halibut Permit Number(s) \_\_\_\_\_

Category:    A [ ]    B [ ]    C [ ]    D [ ]

Category:    A [ ]    B [ ]    C [ ]    D [ ]

**BLOCK B – IFQ/CDQ PERMIT HOLDER INFORMATION**

1. Name of IFQ Permit Holder:	2. NMFS Person ID:
3. Business Mailing Address:    Permanent [ ]    Temporary [ ]	

4. Business Telephone Number:	5. Business Fax Number:	6. E-mail address (if available):
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**BLOCK C -- IDENTIFICATION OF VESSEL  
UPON WHICH IFQ/CDQ HALIBUT OR SABLEFISH WILL BE FISHED**

1. Vessel Name:	2. Length Overall:	3. ADF&G Number:	4. USCG Number:
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5. Does the IFQ Permit Holder hold an ownership interest of at least 20% in the named vessel?

YES [ ]      NO [ ]      **If YES**, see instructions for attachments

**BLOCK D – HIRED MASTER INFORMATION**

*(If you have more than one hired master permit holder, use the additional permit holder sections below)*

1. Full name of Hired Master Permit Holder:	2. NMFS Person ID:
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3. Business Mailing Address:    Permanent [ ]    Temporary [ ]

4. Business Telephone Number:	5. Business Fax Number:	6. E-mail Address (if available):
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**HIRED MASTER INFORMATION (CONTINUED)**

*(If you have more than one hired master permit holder, use the additional permit holder sections below)*

1. Full name of Hired Master Permit Holder:	2. NMFS Person ID:
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3. Business Mailing Address:    Permanent [ ]    Temporary [ ]

4. Business Telephone Number:	5. Business Fax Number:	6. E-mail Address (if available):
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<b>HIRED MASTER INFORMATION (CONTINUED)</b> <i>(If you have more than one hired master permit holder, use the additional permit holder sections below)</i>		
1. Full Name of Hired Master Permit Holder:	2. NMFS Person ID:	
3. Business Mailing Address:      Permanent [ <input type="checkbox"/> ] Temporary [ <input type="checkbox"/> ]		
4. Business Telephone Number:	5. Business Fax Number:	6. E-mail Address: <i>(if available)</i>

<b>BLOCK E – CERTIFICATION OF PERMIT HOLDER</b>	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct, and complete.	
1. Signature of Applicant <i>(or Authorized Representative)</i> :	2. Date:
3. Printed Name of Applicant <i>(or Authorized Representative)</i> : If representative, attach authorization	

**PUBLIC REPORTING BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden estimate or any other aspect of this collection of information, to Assistant Regional Administrator, Sustainable Fisheries Division, NMFS, Alaska Region, P.O. Box 21668, Juneau, AK 99802-1668.

**ADDITIONAL INFORMATION**

Before completing this form, please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act as amended in 2006. They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics.

**INSTRUCTIONS**  
**APPLICATION FOR IFQ/CDQ HIRED MASTER PERMIT**

This application must be used to obtain permits for Pacific halibut and sablefish Individual Fishing Quota (IFQ) and Western Alaska Community Development Quota (CDQ) hired masters (hired skippers) where authorized under regulations at 50 CFR Part 679 and to obtain permits for halibut CDQ fishing.

A separate application must be completed for each vessel, each IFQ permit number, and each CDQ permit number.

***PROGRAM REQUIREMENTS***

- ◆ **IFQ permit holders who are not individuals** MUST designate a hired master (skipper) to fish their IFQ or obtain a permit to access their account. RAM will not automatically send a permit to the representative or the agent of non-individual quota share (QS) holders.
- ◆ **Individual IFQ permit holders** may not designate a skipper to harvest halibut IFQ in Regulatory Area 2C or to harvest sablefish in SE ().
- ◆ With few exceptions, to be eligible to obtain a hired master, a **person holding catcher vessel IFQ** must own (either directly or indirectly) at least 20 percent of the vessel upon which the hired master will fish the IFQ. Proof of vessel ownership must be submitted to NMFS each year. Federal regulations at 50 CFR 679.42(i) and (j) define acceptable proof of ownership as:
  - ◆ **For a documented vessel**, owns a minimum 20-percent interest in the vessel as shown by the USCG Abstract of Title that lists the permit holder as an owner and, if necessary to prove the required percentage ownership, other written documentation.
  - ◆ **For an undocumented vessel**, owns a minimum 20-percent interest in the vessel as shown by a State of Alaska vessel license or registration that lists the permit holder as an owner and, if necessary to show the required percentage ownership interest.
  - ◆ **Indirect ownership of vessel**: If the IFQ permit holder is not the person listed on the USCG Abstract of Title or the person listed on the State of Alaska vessel license or registration, documentation establishing an indirect ownership link with the vessel is required. Such documentation must be in the form of third-party verification, and may include such things as corporate annual reports, corporate meeting minutes, stock certificates, tax returns, etc.
- ◆ **Category "A" (freezer vessel) permit holders** do not need to send proof of vessel ownership but MUST provide the vessel information requested in Block C.
- ◆ **CDQ permit holders** are not required to provide the vessel information requested in Block C.

***GENERAL INSTRUCTIONS***

Type or print information legibly in ink and retain a copy of completed application for your records.

Submit completed, original application and proof of vessel ownership:

By mail to: **NMFS Alaska Region  
Restricted Access Management (RAM)  
P.O. Box 21668  
Juneau, AK 99802-1668**

By delivery to: **709 West 9<sup>th</sup> Street, Room 713  
Juneau, AK 99801**

By fax to: (907) 586-7354

Applications submitted via fax will be accepted only if the faxed copy is legible.

**Please allow at least 10 working days for your application to be processed.** Items will be sent to you by first class mail, unless you provide alternate instructions and include a prepaid mailer with appropriate postage or a corporate account number for express delivery. Additional information is available from RAM, as follows:

**Website:** <http://www.alaskafisheries.noaa.gov/ram/default.htm>

**Telephone (toll free): 800-304-4846 (press "2")**

**Telephone (in Juneau): 907-586-7202 (press "2")**

**e-Mail:** [RAM.Alaska@noaa.gov](mailto:RAM.Alaska@noaa.gov)

### ***COMPLETING THE APPLICATION***

#### **ATTACHMENTS**

Attach the following documentation to the application. The only exceptions are for Category A IFQ permit holders and CDQ permit holders.

- ◆ Proof of vessel ownership by the IFQ permit holder:
  - For USCG documented vessels, a complete copy of the USCG Abstract of Title
  - For an undocumented vessel, a copy of the State of Alaska vessel license or registration
- ◆ If the IFQ permit holder is not the person named on the USCG Abstract of Title or State of Alaska vessel license or registration, documentation establishing indirect ownership such as corporate annual reports, meeting minutes, stock certificates, etc.

#### **BLOCK A - PURPOSE OF APPLICATION**

- ◆ Check the appropriate box to designate the purpose for submitting this application.
- ◆ Indicate if hired master permit should be mailed directly to the hired master(s).
- ◆ Indicate the permit(s) to which this action applies.
- ◆ Indicate the species and QS vessel category for the hired master permit. Halibut and Sablefish permit numbers appear on IFQ fishing permits.

#### **BLOCK B – IFQ/CDQ PERMIT HOLDER INFORMATION**

1. Name of IFQ Permit Holder - Name as it appears on your QS certificate or IFQ permit.
2. NMFS Person ID - The number assigned to the permit holder by RAM.
3. Business Mailing Address - Include street or P.O. Box, city, state, and zip code. If you choose Permanent Address, we will update the official RAM database. If you choose Temporary Address, we will use it for this one application and we will not make any changes to the RAM database.

- 4-6. Business Telephone No. Business Fax No., and E-mail Address - Enter business telephone number, business fax number, and E-mail address where the permit holder or the authorized representative can be reached, including area codes.

**BLOCK C - IDENTIFICATION OF VESSEL UPON WHICH IFQ/CDQ HALIBUT WILL BE FISHED**

1. Name of the vessel on which the hired skipper will be fishing your IFQs.
2. Length overall (LOA) of the vessel.
3. Alaska Department of Fish & Game (ADF&G) vessel registration number of the vessel.
4. Official United States Coast Guard (USCG) documentation number of the vessel.
5. State whether you own 20 percent of the vessel identified in this block. With few exceptions, a minimum of 20 percent ownership in the vessel is required in order to hire a skipper to fish your IFQ. See required attachments listed above.

**BLOCK D – HIRED MASTER PERMIT HOLDER INFORMATION**

**NOTE: CDQ permit holders may attach to this application a list of requested hired master permit holders.** The list **MUST** include the full name, address, and date of birth of each of the individuals listed.

Complete this section for each permit holder you are requesting to have an IFQ Hired Master Permit.

1. Name of Hired Master Permit Holder - Name of the individual to be named hired master permit.
2. NMFS Person ID - The number assigned to the hired master permit holder by RAM.
3. Business Mailing Address - Include street or P.O. Box, city, state, and zip code. If you check Permanent Address, we will update the official RAM database. If you choose Temporary Address, we will use it for this one application and there will not be any changes to the RAM database. **Items will be sent by first class mail to the IFQ hired master permit holder’s permanent address** unless you provide alternate instructions. CDQ hired master permits will be sent to the CDQ corporation.
- 4-6. Business Telephone No., Business Fax No. and E-mail Address - Business telephone number, business fax number, and E-mail address where the permit holder can be reached, including area code.

**BLOCK E - CERTIFICATION OF PERMIT HOLDER**

Enter printed name and date of signature and sign.

Representatives of IFQ permit holders must submit proof of authorization signed by the IFQ permit holder to submit this application on their behalf.